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vomiting; apiol color; unable to retain anything on stomach; stoppage of the urine; great enlargement of the spleen; liver enlarged and very painful to pressure.

Antecedents: Has been suffering frequent attacks of malaria, which he treated with Vino Tonico de Wintersmith. On the 4th he noticed that his urine presented a reddish color, which he believed to be bile. On the 5th had another attack of fever, with increased coloration of the urine. He then took a double dose of the Vino Tonico. The actions of the bowels turned yellow. Early on the morning of the 6th had a severe chill, which lasted twenty minutes; severe headache; giddiness; vomiting, green in color; urine of a dark red color, almost black, the entire body turning a yellowish green. Entered hospital at 9 a. m.

Administered 150 centigrams of chlorhydrosulphate of quinine hypodermically; dose of Rivari's antiemetic; one drop of Fowler's solution every two hours. Temperature remained at 40° all day. At 10 p. m. administered 1 gram of quinine in the same manner, the temperature descending to 38°. On the morning of the 7th, temperature 36.8°; administered a third dose of chlorhydrosulphate of quinine, 1 gram, hypodermically; the vomiting increasing. At 11 a. m. had another chill; temperature 41°, pulse 160, respiration 38. At 12 m. the patient died.

Case No. 2.—Native of Spain; 24 years of age; white; single.

Antecedents: Has suffered frequent attacks of malaria. On the 5th had a feeling of great depression; at 7 a. m. had a very heavy chill; noticed that urine presented a reddish color. Entered hospital; temperature, 40°; pulse, 140; respiration, 26; no vomiting; liver torpid; spleen enlarged.

Administered 1 gram of chlorhydrosulphate of quinine hypodermically, temperature remaining the same throughout the day. At 2 p. m. temperature descended to 38°, remaining thus until 11 p. m. On the morning of the 6th temperature 36.4°; the entire body turned very yellow, as also the stools; urine presented no hemoglobin, but large amount of bile. Administered a purgative, two hours afterwards 150 centigrams of sulphate of quinine internally. At 2 p. m. temperature rose to 38°; urine normal. On the morning of the 7th temperature 36.8°; administered 1 gram of quinine. Had a good appetite, and continued improving until the 10th, when discharged cured.

This class of fever is becoming more frequent, affecting the natives as well as those from foreign countries. Have never seen it attack strong persons or those who have not had malaria previously.

Order relative to treatment of passengers coming from ports infected with yellow fever.

Assistant Surgeon Trotter, at Habana, forwards the following under date of Setember 2, 1903:

[Translation.]

Republic of Cuba—Department of Government—Superior sanitary board.

Notice to passengers.

To the end that the existing sanitary regulations relative to certificates of immunity to yellow fever may not, for any motive whatever, be violated through deceit or fraud, the superior sanitary board of the island of Cuba have decided to issue the

following mandate to the employees of the quarantine service and those persons who make voyages of necessity:

ARTICLE 1. During the quarantine season no passenger or member of crew can disembark from vessels coming from infected ports or those considered suspicious in the Gulf of Mexico or any other port where yellow fever is known to exist, until after five days have passed since the sailing from the last port, if the vessel pertains to the class (considered) "not infected;" or five days from the time of its arrival in Cuba, if the vessel be considered "infected."

ART. 2. The exceptions to this will be only those individuals who have been inscribed as immunes to yellow fever in the office of the sanitary department of Habana, and have been previously identified.

ART. 3. Those persons, who, in the judgment of the quarantine officer, are immunes to yellow fever, will also be exempt from quarantine detention.

ART. 4. The medical officers of the maritime quarantine service who order the release of any person in quarantine, will remit a communication to the sanitary department of Habana, giving the data and reasons for such action, to the end that the individual may be inscribed in the register of immunes.

ART. 5. Those persons who violate these dispositions will be considered as infractors of the sanitary laws.

Habana, August 27, 1903.

By order of the chief sanitary officer.

E. B. BARNET, *Secretary.*

Report from Cienfuegos—Inspection of vessels—Mortality statistics.

Acting Assistant Surgeon McMahon reports, September 3, as follows: During the week ended August 29, 1903, two bills of health were issued to vessels going to ports in the United States, both in good sanitary condition and no sickness on board.

Mortuary report for the week ended August 22, 1903.

Arterio-sclerosis	4
Tuberculosis	3
Paludism	2
Bronchitis	2
Other causes	16
Total	27

Mortuary report for the week ended August 29, 1903.

Tetanus	2
Tuberculosis	2
Other causes	6
Total	10

No quarantinable disease has entered this port during this week.

Report from Matanzas—Inspection of vessels—Mortality statistics—Partial disinfection of British steamship Rustington for varioloid.

Passed Assistant Surgeon Von Ezdorf reports, September 1 and 7, as follows: During the week ended August 29, 1903, four bills of health were issued to vessels prior to sailing for ports in the United States. No quarantinable disease was reported.

Prior to issuing a bill of health to the British steamship *Rustington*, on August 23, 1903, the forecastle was sulphured for twenty-four hours and the floors were washed with a solution of bichloride of mercury.

The consular bill of health issued at St. Thomas stated that this vessel arrived from Philadelphia with one case of varioloid.